CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Committee to Elect Matt McCay		····

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/22/02	ID# CK#4276	George Knbey 1924 Willowmere Drive Des Maries, IA 52315		\$100.00	
	CK#10088	Roger of Mary Mc Mahan 4521 Chamberlain Dr Des Mosses IA 57312 Assic General Contractors PAC		10.00	
4/25/02	0001	Dec Mode TA 50303		1500.00	
4/18/02	CK# 30111	Bornes Miles Eine 615 Park Street, ste 300 Des Monus, TA 50309		500, CO	
4/20	ID# CK# 7765	Don's Newling 33,5 48th Place Des Moncs, IA 50310		100.00	
4/25/02		IA telecom PAC 115 52 rd Ave W Newton TA 50208		250.00	
5/1/02	ID# 60 86 CK# 12682	ISEA-PAC 777 3:05+ Des Mons, JA 50309		2520.00	
4/30/02	CK# 1928	IA Realters PAC 1370 NW 11444 St #100 Clive IA 50325		5700.00	
4/14/02	ID# 6063 CK# 1487	TA Dental ASSOC: 505 54h Ave, Sh 333 Des Mones TA 50309		100.00	
41	ID#	Kent Sovern 1534 bermarija Drive Des Morres ITA 50311		100.00	V
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	101100	

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF
Committee to Elect Matt McCor		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/29/02		John + Patricia Shors 2923 Fox Run Des Memos, III 50321		\$ 50.00	
417/02		Orlo + Mary Stitt 10068 sun Ridge Cir. Rogers, AR 72756	Mother to Father-in- law	300.0D	
4/29/02		Des Morres, IA 50303		200,00	
5/4/02	ID# CK# 6877	Jon & Julie Tully 318 5164 Street Des Momes, IA 50312		52.00	V
5/4/02	~	Sue theodore Sultvan 4305 101st Greet Libandale, TA 50322		100.00	V
5/4/02	CK# CASH	Cissy & Phil Lewise 217 52nd 67 Des Maries, TA 50312		10.00	V
5/4/02	CK# CASH	Claire Celsi 743 374n Street Des Maries, TA 50312		50.00	V
5/4/02	CK# 5198	Baib 4 Ben Highe brandt 2607 Emma Ave Des Moines TA 50321		50.00	
574/02	CK# <i>330</i> 3	Tom & Lon Walton 9514 Alphe prive Urbandale IA 50322		50.00	V
94lo2	ID# CK# 1644	Susan Freed 5821 Clark Street Des Mones JA 50311	SUB-TOTAL	50 W	V

TOTAL (if last page of this schedule)

Page 2 of 28 (for Schedule A)

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Matt Mc(ov)	_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/4/02	CK# 1163	Kristi Lasteur 2625 82nd Greet Whandabe, TA 50322		\$ 25.00	V
5/4/02	CK# 5075	Sight + Elizabeth Brennan 84 389h Street W. Des Mones, IA 50265		50.0	
92102	ID# CK# 1006	New Democrat Network 777 N. Capital & NW, Ste 410 Washington, DC 2002		10,000.00	
5/7/02		Ras Hensen 301 316+ 5+ W. Des Momes IA 50265		10000	V
5/7/02	ID# CK# 6197	Paird Palmer Drive 213 5W Flynn Drive Anking IA 52021		100.00	V
57 HOZ	•	7m itempertings 36 30 SW 30 Thest Des Monres, IA 50321		100.00	V
577102	ок# 3036	Linda Goedner 40.38 Kingman Blod Des Merres DA 50311		30.00	
5/7/02		Tim brien 3919 Usbandale Ave Des Marres JA 50310		ZO.O	V
5/7/02	ID# 6357 CK#1082	1303 5090 W. Des Manes, TA 50266		250-00	V
5/7/02	ID# 6250 CK#1113	IA Cabbe PO Box 3627 Des Mones, TA 50322		500.00	1
			SUB-TOTAL	2118/11/2000	

TOTAL (if last page of this schedule)

Page 22 of 28

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(1101.00/51)	RECEILIO
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Mot Mc(a)		CK THIS BOX IF NDING FORM
The state of the s		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER	F/ A.W			INCOME
5/7/02	ID# 6059 CK# 2194	III Office Park Rd W. Des Mornes, IA 50265		\$ 1570.00	V
5/7/02	ID# 6052 CK#2545	4000 Western Pluy Ste 200		250.00	V
	ID#	Jant Griffon			
5/7	ск# 2388	410 27th Storet Des Mones JA 50312		300.W	1
5/7	ID# CK# 9 766	berard Neigrent 600 westown New, Stell W Des Mornes JA 30266		100.00	V
5/7	ID# CK# \6344	Jerry Crawford 1710 Ruan Lt Des Momes JA 50309		300 W	V
5/7	ID# 6118 CK# 1790	IOA-PA 1454 3091167 Stc 204 W. Des Marus, IA 50266		300.00	V
5/7	ID# 6073 CK# 436	IAMedical PAC 1001 Grand Ave W Des Morres, IA 50265		570.00	V
577	ID# 6034 CK# 3-50/30	Venzon Il Ebeventh Are Ste 2 Connell TA 50112		200.00	V
5/7	ID#6021 CK# 1462	Credit Union PAC 3737 Western Play W. Des Memos JA 50265		520.00	V
5/7	ID# 6104 CK# 3049	wells Faral Web Walnut St Dres Markes, IA 58304		120.CD	V
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page 23 of 28 (for Schedule A)

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		
	□сне	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		NDING FORM
Committee to Elect Matt McCas		

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
577	ID# 6070	IA Law PAL 521 E. Lorust, 3rd FL		\$	
17	CK# 2586	Des Morres, TA 50309		25000	V
512	ID#	Patricia Wengert		2.0.00	
914	CK#13012	4213 415+ 6+ Des Mones , IA 50310		25000	V
5/2	ID#	Ned Chiede		240.00	V
17	ск#3642	2913 Southern Hills Lir Des Morres IA 50321		24 .u	•
67-	ID#	Candage + hoss Cernique		50.00	,
9/1	CK# 3080	221 3. 26 Mn 6t 450265		50.00	V
5/7	ID#	lom Humanan		100 00	
7+	CK# 1287	150 35 Wood Crest Dr Ciny JA 50325		100.00	<i>V</i>
5/7	1	Mark Donglass 4804 Cedar Drive		100.00	1
917	CK# 7400	W. Des Morres, IA 5026		wice	
57-	ID# 6404	2175 NW 864h 6+ ,5414		100,00	2/
717	CK# 2 <i>0</i> 00	Um IA 50325		100.00	
5/7	1-27	Jodi Tomlongurz		30.00	\checkmark
14	CK# 4028	Des Mones, IA 50311		3.00	
7/7	ID# 6069	904 walnut 6+,6k 100		250 A	
- (CK# 1863	DES MONES, IX SURVY		250 40	
5/2		Jared Johnson 245 579h 6+ , Stel		5000	1/
1+	ск# 30564	Word Money, IA 50265		Swill	<i>ν</i>
			SUB-TOTAL	ı	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be some so on Statement of Owner institut)		CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization) (committee An Fluct Must M. (com (AME	NDING FORM
Committee to Elect Matt McCov		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/7	ID# CK# 3 8615	Kitherd Margulies 2100 Westown Pkwy, Stc 220 W. Des Moones, IA 50265		\$ 500.00	✓
4/18	ID# CK#6276	Roger Sandrers		50.00	
417	ID# CK# 3067	Stephent Anne Waymire 4626 66th 6t Urbandalve, IA 50322		25.00	
4/18	ID# Ск#5435	Tim + Nancy Johnson 3420 SW Robe Des Mones, IA 52321		50.00	
417	CK# 1412	Craig Zubrod 411 Sheny Lynn Blod Pleasant Hill, IA 50327		20.00	
4/9	ID# CK# 2979	Doug Harvey 3362 1404h Cumming, IA 52061		40.00	
4/15	ID# Ск#77,51	John + Sue Meeter 209 Cypress Dr Hurbey, TA 50124		100.00	
4116	CK# .399 (Robert Welsber 1219 Wall AM DM, IA 50315		TO CE	
4/9	CK# 2484	Jack + Cyndi Morton 1545 NW 10312 6t Clive, IA 50325		25,00	
4/4	CK# 6405	William + Linda Mcfarthy 5201 SE 32nd St DM, TA 50320	SUB-TOTAL	125,00	

TOTAL (if last page of this schedule)

Page 25 of 28 (for Schedule A)

SCHEDULE

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	<u> </u>
	☐ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Committee to Elect Mott McCov	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
4/9	ID# CK# 4136	Date & Karen Forth 4816 western this Dr Wilder TA 30265		\$ 100.00	INCOME
4/10	CK#1323	Ronald Techla Miller 1221 SW Wall Ane DM DA 50315		25.00	
410	ID# CK# 2187	Anna + Jerry Kingery 1622 vw 49h 6t Ankuny, IA 50021		25,00	
410	ID# CK# 3690	John Thompson 2757 E Jellerson 5m. TA 50317		15.00	
4/10	ID# ск# 2372	Richard + Janel Dejcade 603 NW 3rd 4 PL Commer TA 50111		20.00	
410	CK# 2035	Deug + Margaret Nichels 4755 40th PL Ur bandaly IA 50322		100.00	
4/10	^{CK#} 1113	Bruce à Ladonna Elrod 604 Meadai Dr. 10 Box 634 Prame Chy, JA 50228		20,00	
4/30	ID# CK# 1357	DMP Bunal ASSOC. 25 E 157 DM. TA 50209		203,00	
5/1	ID# CK# 5353	Mr + MB Backstom 400 500 Huckes DM TA 50315		20.00	
4/11	ID# Ск#5-72-4	Charles + Deborah Lewis 1507 66 6840 DM. TA 50317		25° W	
		•	SUB-TOTAL	(10)	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(INEV. Od/97)	RECEIP 13
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Matt McCov		CK THIS BOX IF NDING FORM
condition of the second of the		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/24/02	ID# CK#5280	Ribert + Linda Enin 4401 Parklawn Dr Om IA 50321		\$ 25.00	
5/4/02	^{ск#} <i>5</i> 137	Kelly Willis PL 115 8 5 50 9h PL 10. DM IA 50265		100.00	
425	CK# 3861	Clifford & Susan Clay comb 3020 544n 64 DM, IA 50310		25. a	
4/18	CK# 3844	Charles Richardson 8313 SE 37nd Ave Runnells, TA 50237		2500	
4/10	CK#0[96]	Part Murillo 1617 Holly Dr Norwalk, IA 50211		100.00	
417	ID# CK# 019694	James O'Donnell 315 Wilmers Ave DM TA 50315		50,00	
5/3	ID# CK# 7377	Dave + Gra Van Wyk 720 23rd Ave Shelden, IA 57207		150,00	
4/30	ID# CK# 3196	Harrold Annett PO Box 1774 DM IA 50306		1000.00	
43	CK# LUO	John Smith 2302 Allicrest Ar SE Cedeur Hapiths, IA 52403		500.00	
5/3	_{ск#} 7379	Dourd+ Judy Dickey 467 E. HA Purkeyrod, IA 52580		50.00	
	•	t	SUB-TOTAL	2 075	

TOTAL (if last page of this schedule)

SCHEDULE

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(1101. 00/57)	INECEI 13
	Псне	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		NDING FORM
Committee to Elect Matt McCar		
Telligitime to ever the contract of	<u> </u>	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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5/9/02	ID# 6082 CK# 717	Md American 666 bound, PO Bex 657 DM. IH 50303		1,500.00	V
5/1/02	ID# 6027 CK# 1890	Deene PAC 666 Grand, Ste 1707 DM, TA 50309		250.00	V
5/4	ID# Ск# 4777	Mike & Evil Barnes 717 Aun 61, 64 60 DM. TA 50309		50.00	V
5/7	ID#6435 CK#1041	IA Insurance Institute 729 Insurance Exchange Redg. DM IA 50309		150.00	V
5/6	ID# 6279 CK# 2002	IA Ophthal mology 1501 57th Street, Ste 133 w.DM. TA 50266		250.00	V
5/8	ID# 616-3 CK# 287-3	IN 544 Drink 501 6-rand, ste 3100 DM, TA 50309		250.00	V
5/9	ID# 6107 Ск# 2179	Motor Carners PO BOX 6121, EDM Station DM. IN 50309		2500 iW	~
5/14	ID# CK#8076	Charles & Judith Cramer 6538 N. Winward Fr Diriu Johnston, IA 50131		ia.a	
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	1-1-10	

TOTAL (if last page of this schedule)

Page <u>28</u> of <u>28</u>

SCHEDULE

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

OMMITTEE	NAME	(Must be	same as on	Statement of	^f Organization)
Para	11	12 1	Elect	Mall	Malor

Con	mittee to	tleat Matt Mclo		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/2/02	ID# CK# 2228	Bill McCoy 327 Stan St Des Mones JA 50315	Rent for Jan.	\$ 500.00
1/2/02	ID# CK# 2229	Ruset PO BON 1301 Monraphis, MV 55483	Phone 4 DSL hook up and bill	507.00
14/02		Des Morres Ragister PC BCX 957 Des Morres FA 50304	to Insert in the	324.80
1/4/02	ID# CK# 2231	John Kiernan 3610 Patricia Dr # 19 Urbandale JA \$0322	pay for various campaign work	1000.00
115/02	ID# CK# 2232	Sara Threener 6201 EP True Pkuy #1303 W. Des Morres JA 50266	wages	12.50.00
126/02		Votre Stream Pc Box 747596 Concrath, OH 45274	ceu phene bill	168, 24
1/28/12	ID# CK# 2234	Carter Printing 1739 E. Grand Ave Des Mines, IA 57316	Printing of better head, envelopes & news paper moents	1,136.32
1/30/02	ID# CK#27.3/5	Concornation CA 45274	cell phone bill	152.13
			SUB-TOTAL	\$ 5038 49

TOTAL (if last page of this schedule)

\$5038,49

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	 <u> </u>	of _	15
_			